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ABSTRACT

Although elder abuse has received much attention in recent years, little is known about long-term care staff perceptions of active and passive abuse. Health care professionals (N=72) responsible for direct care of patients within a 275-bed skilled nursing facility completed questionnaires on elder abuse. Responses were from physicians (N=6), registered nurses (N=18), licensed practical nurses (N=13), nurse aides (N=21), physician extenders (N=4), allied health professionals (N=6), and dietary staff (N=4). Data from the registered nurse, licensed practical nurse, nurse aide, and physician groups were analyzed and compared using the student t-test. The results revealed that nurse aides had significantly lower scores than the nurse and physician groups, and that age and length of experience in long-term care in the nurse aide group were strongly correlated with misconceptions regarding elder abuse. Nurse aides with less than 5 years of long-term care experience or who were under 40 years of age were more frequently noted to have misconceptions regarding elder abuse. These findings suggest that the issue of elder abuse must be addressed in inservice training programs within long-term care settings and that both passive and active forms of abuse must be emphasized. The study instrument is appended. (Author/NB)

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PERCEPTIONS OF ABUSE IN THE LONG-TERM CARE SETTING

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ABSTRACT

Perceptions of Elder Abuse in the Long-Term Care Setting. K. Gupta, M.D., A. Fader, M.D., N. Koge, R.N. and S. R. Gambert, M.D. Center for Aging and the Ruth Taylor Geriatric and Rehabilitation Institute, New York Medical College and Westchester County Medical Center, Valhalla, New York, 10595.

Although the topic of elder abuse has received a wealth of attention in recent years, little is currently known regarding staff perception within the long-term care setting about active and passive forms of abuse. A questionnaire was sent to health care professionals responsible for direct care of patients within a 275 bed skilled nursing facility. 72 responses were received out of a total of 100 questionnaires; these included M.D., 6; R.N., 18; L.P.N., 13; Nurse Aides, 21; Physician Extenders (P.A./N.P.), 4; Allied Health Professionals, (O.T./P.T., Speech, Social Service), 6; and Dietary Staff, 4. The demographic characteristics and responses were anonymously reviewed. Data from the R.N., L.P.N., Nurse Aide, and M.D. groups were analyzed and compared using the student T - Test. Age, and length of experience in long term care in the Nurse Aide group were strongly correlated with misconceptions regarding elder abuse.

INTRODUCTION

Allegations of abuse of nursing home residents are widespread, yet the problem has received only limited research attention. Elder abuse is believed to exist at all levels of the continuum of care including the community and both short and long-term care settings. The problem of neglect and abuse is further compounded because of a lack of uniform definition, a fear of reporting, and uncertain mechanism in dealing with these reports.

Active forms of elder abuse, i.e. bodily harm by caregivers, is most often reported. Passive forms of abuse and neglect, however, may be neither recognized nor reported.

In an attempt to gain a better understanding of caregivers' knowledge regarding this rather complex subject, a study was undertaken to determine perceptions of elder abuse in the long-term care setting.

METHODS

1. One hundred and two questionnaires were distributed randomly to nursing home personnel. (M.D., 7; R.N., 20; L.P.N., 25; Nurse Aides, 30; Dietitians, 5; Physician Extenders, 5; Allied Health Professionals, 10).

2. Questionnaires contained 17 True/False statements; 13 dealt with situations of active abuse and 4 dealt with situations of passive abuse.

3. Seventy two responses were received (M.D., 6; R.N., 18; L.P.N., 13; Nurse Aides, 21; Dietitians, 4; Physician Extenders, 4; Allied Health Professionals, 6).

4. Due to limited sample size, statistical comparisons were made only between the M.D., R.N., L.P.N., and Nurse Aide groups.

5. Data were analyzed using Student T-Test.

RESULTS

1. Nurse Aides had significantly lower scores than L.P.N.s (82 ± 11.65 vs. 88.92 ± 4.8, p <0.05), R.N.s (92.67 ± 5.66, p <0.0025), M.D.s (94.0 ± 5.37, p <0.0125), or other groups taken together (91.53 ± 5.26, p <0.0005).

2. Nurse Aides who worked in the Long-Term Care Facility for less than 5 years had significantly lower scores than Nurse Aides who worked in the Long-Term Care Facility for more than 5 years. (75.2 ± 11.9 vs. 89.0 ± 7.0, p <0.050)

3. Nurse Aides under 40 years of age had significantly lower scores than Aides over 40 years of age, regardless of the length of time they worked in Long-Term Care. (72.5 ± 12.1 vs. 87.6 ± 6.61, p <0.005)

4. Questions related to passive abuse were more frequently answered incorrectly by all groups tested.

CONCLUSIONS

1. Nurse Aides with less than 5 years of long-term care experience or who were under 40 years of age were more frequently noted to have misconceptions regarding elder abuse.

2. The issue of elder abuse must be introduced into all inservice training programs within the Long-Term Care setting.

3. Emphasis must be placed on both passive and active forms of abuse.

SUGGESTED READING

Elder Abuse

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Elder Abuse
Questionnaire

1. Profession

MD-——	OT/PT/Speech-——
RN-——	Physician Assistant-——
LPN-——	Nurse Practitioner-——
Nursing Aid-——	Social Worker-——
Dietitian-——	Other-——

2. Age

18-25-——	41-45-——	61-65-——
26-29-——	46-50-——	66-69-——
30-34-——	51-55-——	70+-——
35-40-——	56-60-——	

3. Sex

Male-—— Female-——

4. Do you currently live with parents? yes-— no-—
If yes, please give their ages-—— ——.

5. Do you currently live with children? yes-— no-—
If yes, please give their ages and numbers 0-2-— 11-14-—
3-6-— 15-18-—
7-10-— 18-21

6. How long have you held your current position in the Nursing Home?
0-1 years ——
2-5 years ——
6-10 years ——
10+ years ——

7. Have you worked in a long term care setting prior to this position.
yes-—— no-——
If yes, for how long?
0-1 years ——
2-5 years ——
6-10 years ——
10+ years ——

Please write your response as either True or False to the following statements.

1. You will always know if you have abused a resident.
   True___ False___

2. It is neglect if you know something has been done to a patient/resident and do nothing about it.
   True___ False___

3. You can refuse to care for a patient/resident who has complained to your supervisor about something you have done.
   True___ False___

4. Patients/residents having sexual relations with another consenting adult in a nursing home must be told to discontinue.
   True___ False___

5. Patients/residents must be given their medication under any circumstances if the physician has prescribed them.
   True___ False___

6. Patients/residents can be denied a pass if sufficient notice of time has not been given.
   True___ False___

7. An incontinent patient/resident on a "toileting program" must wait until the appropriate time to be toileted.
   True___ False___

8. During periods of staffing shortage, nurses have the right not to respond to patient requests until time allows.
   True___ False___

9. All competent patients/residents must be asked whether or not they desire a "Do Not Resuscitate" order.
   True___ False___

10. Mrs. Jones 84, has been in your nursing home for 2 years and has agreed to have a gallbladder operation next week. It is appropriate to ask her son whether or not he wishes a "Do Not Resuscitate" order to be written on his mother's chart.
    True___ False___

11. You are allowed to raise your voice when talking to a verbally abusive patient/resident.
    True___ False___

12. It is appropriate for health professionals to discuss among themselves personal matters while caring for a patient/resident if the patient is demented.

True___ False___

13. Patients/residents who frequently wander and are at risk of harm can be locked in their rooms while nurses are busy making medication rounds.
True___ False___

14. A patient calls "help me I'm wet", you should not respond to this request unless the patient is assigned to your care.
True___ False___

15. If you forget a patient's/resident's name, it is appropriate to call them "honey".
True___ False___

16. In order to be more time efficient, patients/residents who are confused or demented may be examined by the physician/nurse in front of the nursing station as long as they do not complain or appear to be bothered by this.
True___ False___

17. Mrs. J is demented and frequently c/o being given poison by the staff. Today she complained of being pushed by the aide. Since she has no bruises and you did not witness this, there is no need to report this complaint.
True___ False___